

NOT AN OFFICIAL DOCUMENT

That the only estate property, real or personal, owned by David Franklin at the time of his death was the Real Property herein described.

That at the time of David Franklin's death on May 26, 2019, the Real Property was valued at \$54,900.00 and was subject to a Mortgage held by NewRez with a remaining principal sum due of \$75,694.80, leaving a net negative date of death value of \$20,794.80, as the Mortgage principal sum due was greater than the value of the Real Property.

David Franklin was married at the time of his death and was the father of two (2) children, both who survived him: David L. Franklin II and Jenae Franklin. Therefore, David Franklin's heirs-at-law are as follows:

- a. An amount equal to \$25,000.00 claimed against said Real Property for the Spousal Allowance under I.C. 29-1-4-1 plus one-half (1/2) interest in the estate to Toya Franklin, whose address is 5035 South East End Avenue, Apt. 1514S, Chicago, Illinois 60615;
- b. 1/4 interest in the estate (after the Spousal Allowance of \$25,000.00) to David L. Franklin II, whose address is 5035 South East End Avenue, Apt. 1514S, Chicago, Illinois 60615;
- c. 1/4 interest in the estate (after the Spousal Allowance of \$25,000.00) to Jenae Franklin, whose address is 5035 South East End Avenue, Apt. 1514S, Chicago, Illinois 60615.

Because the net date of death value of said Real Property was less than the Spousal Allowance of \$25,000.00 pursuant to I.C. 29-1-4-1, Toya Franklin was entitled to David Franklin's entire interest in said Real Property upon his death by application of and in partial satisfaction of her Spousal Allowance.

Title to the Real Property was immediately vested in his surviving spouse, Toya Franklin, upon David Franklin's death by operation of the law under IC 29-1-7-23, subject to the power of a personal representative to divest title under the requirements of IC 29-1-7-15.1.

There is no federal estate tax or Indiana Inheritance Tax Due and owing as a consequence of David Franklin's death.

In any jurisdiction, no petition was ever filed for probate of a will and for issuance of letters testamentary, for appointment of an administrator with the will annexed, or for the appointment of an administrator under IC 29-1-7 et seq. after David Franklin's death, nor did any Clerk in any jurisdiction ever issue letters testamentary or letters of administration after David Franklin's death, so the power of a personal representative to divest title expired automatically as a matter of law under IC 29-1-7-15.1(b), and title is now invested indefeasibly in the sole Heir, his surviving spouse, as follows:

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Name	Relationship	Address	Percentage
TOYA FRANKLIN	SURIVING SPOUSE	5035 South East End Avenue, Apt. 1514S Chicago, Illinois 60615	100%

This affidavit is made for the purpose of establishing the facts herein contained and to induce the Lake County Auditor and Recorder to transfer the Real Property to the name of Toya Franklin upon the Lake County Auditor and Recorder's real property transfer records.

Your Affiant herein affirms the truth of the representations under penalty for perjury and authorizes any person to rely upon this Affidavit as evidence of an effective transfer of title of record pursuant to I.C. 29-1-7-23.

IN WITNESS WHEREOF, the Affiant has affixed her hand and seal this 14th day of November, 2022

[Signature]
TOYA FRANKLIN

STATE OF INDIANA) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 14th day of November 2022, personally appeared TOYA FRANKLIN, who swore to the truth of the representations contained herein and acknowledged the execution of the above and foregoing Title Passage Affidavit to be her free and voluntary act and deed.

Dated this 14th day of November, 2022.

Notary Signature: Alexandra K. Vargas

County of Residence: Porter

My commission expires: December 09, 2028



I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

This instrument prepared by:
Sophia J. Arshad, Esq.
Arshad, Pangere, and Warring LLP
7899 Taft Street, Merrillville, IN, 46410
(219) 736-6500

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Training No. 1-931187



Local No **902239**

EDR No **00000712984**

State No

1 Decedent's Legal Name (First, Middle, Last) DAVID L. FRANKLIN				1a Maiden Name (If female)		3 Sex MALE		3 Time of Death 09:48 PM		4 Date of Death (Month/Day/Year) 05/26/2019	
5 Social Security Number [REDACTED]		6a Age - Yrs 50		6b Under 1 Year Months		6c Under 1 Month Days		6d Under 1 Day Hours		7 Date of Birth (Month/Day/Year) 06/15/1968	
8 Birthplace (City and State or Foreign Country) CHICAGO, IL		9 Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home, Long-term Care Facility <input type="checkbox"/> Other (Specify)		11 Facility Name (If Not Institution, Give Street and Number) FRANCISCAN HEALTH (HAMMOND)		12 City Or Town, State, And Zip Code HAMMOND, IN, 46320	
13 County Of Death LAKE		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15 Surviving Spouse's Name TOYA FRANKLIN		15a Last Name Before First Marriage SPEARS		16 Decedent's Usual Occupation RET PRETRIAL SERVICE OFFICE		17 Kind Of Business/Industry GOVERNMENT	
18 Residence - State ILLINOIS		18a County COOK		18b City Or Town CALUMET CITY		18c Apt. No.		18d Zip Code 60409		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c Street And Number 406 BENSLEY AVENUE		19 Decedent's Education HIGH SCHOOL GRADUATE OR BEd COMPLETED		20 Decedent Of Hispanic Origin NOT HISPANIC		21 Decedent's Race Black or African American		22 Parent's Name (First, Middle, Last) DALE FRANKLIN		23a Parent's Last Name Before First Marriage DAMMONS	
24 Informant's Name TOYA FRANKLIN		24a Relationship To Decedent SPOUSE		23b Parent's Name (First, Middle, Last) JUNE FRANKLIN		24b Mailing Address (Street And Number, City, State, Zip Code) 406 BENSLEY AVENUE, CALUMET CITY, IL 60409		25a Place Of Disposition MT HOPE CEMETERY		25b Location - City, Town, And State CHICAGO, IL	
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOHMAN AVE, HAMMOND, IN 46321		27c License Number (Of Licensee) FD08601763		27a Funeral Home License Number FH83002819		28 Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CORONARY ARTERY DISEASE B. HYPERTENSION Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last C. D.		29 Cause Of Death (See Instructions And Examples) CORONARY ARTERY DISEASE HYPERTENSION	
30 Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32 If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown - Pregnant Within The Past Year		33 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34 Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38a City Or Town		38b Street & Number	
38 Location Of Injury - State		38a City Or Town		38b Street & Number		38c Apt. No.		38d Zip Code		39 Describe How Injury Occurred	
39 Describe How Injury Occurred		40 If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other <input checked="" type="checkbox"/> NO VALID UNLESS		41 Signature - Of Person Certifying Cause Of Death CHANDANA VAVILALA BY ELECTRONIC SIGNATURE		42 Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input checked="" type="checkbox"/> Health Officer		44 License Number 01d57596A		45 Date Certified 06/19/2019	
43 Name, Address And Zip Code Of Person Certifying Cause Of Death CHANDANA VAVILALA, 2900 W 93RD STREET, CROWN POINT, IN 46307		46 Additional Funeral Service Provider FOR LEAK AND SONS CHICAGO IL SIGNATURE ONLY		47 F.A.S.S. JUN 21 2019		48 For Registrar Only - Date Filed (Month/Day/Year) JUN 21 2019		49 For Registrar Only - Date Filed (Month/Day/Year) JUN 21 2019		49 For Registrar Only - Date Filed (Month/Day/Year) JUN 21 2019	
48 Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49 For Registrar Only - Date Filed (Month/Day/Year) JUN 21 2019		49 For Registrar Only - Date Filed (Month/Day/Year) JUN 21 2019		49 For Registrar Only - Date Filed (Month/Day/Year) JUN 21 2019		49 For Registrar Only - Date Filed (Month/Day/Year) JUN 21 2019		49 For Registrar Only - Date Filed (Month/Day/Year) JUN 21 2019	

Property of Lake County Health Department

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JUN 21 2019

EXHIBIT
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RAISED SEAL AFFIXED